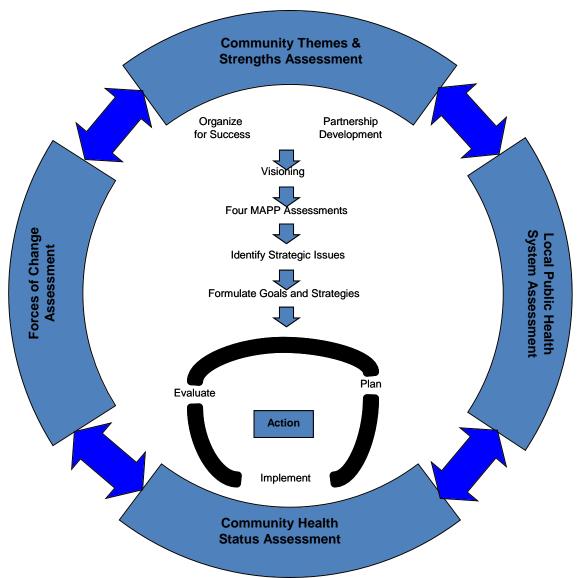
MAPP Community Health Status Assessment Meeting

Community Health Status
Assessment Meeting

May 21, 2015



MAPP Process Illustration





Community Health Status Assessment

The Community Health Status Assessment is intended to answer questions such as:

- How healthy are our residents?
- What does the health status of our community look like?



Overall Issues

- Access to care/health insurance coverage
- Health disparities/inequities for minorities, by gender, by income
- Increasing obesity
- Increase in sedentary lifestyle
- Violence
- Food security
- Behavioral health issues



MCH Issues

- Higher rates of infant mortality for minorities
- Low number, and late start, of prenatal visits by teen moms and minorities
- Non-marital birth rates are increasing

Children and Youth Issues

- Unintentional injuries are a significant cause of morbidity and death
- Childhood obesity



Teen Issues

- High rates of motor vehicle crashes and death
- Teen suicide rates
- Drug and substance abuse (including smoking)
- Teen births

Young Adults

Binge drinking as a specific problem



Young Adults (continued)

- High rate of sexually transmitted infections
- Rate of uninsured individuals is high
- Drug and substance abuse rates including smoking

Adults

- Chronic diseases (diabetes, cancer, heart disease)
- Oral health access



Adults (continued)

- Cancer mortality rates
- Heart disease morbidity

Older Adults

- Falls
- Suicides
- Heart disease mortality
- Increases in Alzheimer's disease
- Vision issues



Community Health Status Data – 11 Core Elements

- (1. Demographic Characteristics
- 7. Social and Mental Health

 2. Socioeconomic Characteristics 8. Maternal and Child Health

- 3. Health Resource Availability
- 9. Death, Illness and Injury

• 4. Quality of Life

10. Infectious Disease

- 5. Behavioral Risk Factors
- 11. Sentinel Events

 6. Environmental Health Indicators



Lancaster County's Demographic Characteristics

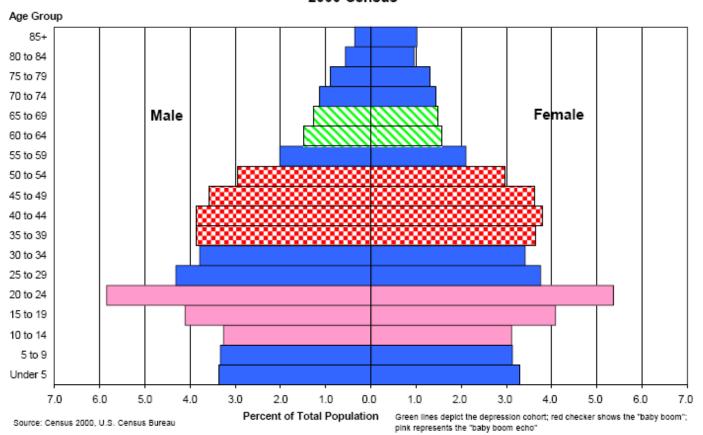
Census data sources:

- 2010 Census data
- American Community Survey (ACS)-- available
 by year (latest is 2013) and for combined years
- Official Census Analysis Estimates (by year)
- Projections of the population (Center for Public Affairs Research, UNO)



Population Pyramid, Lancaster County, 2000

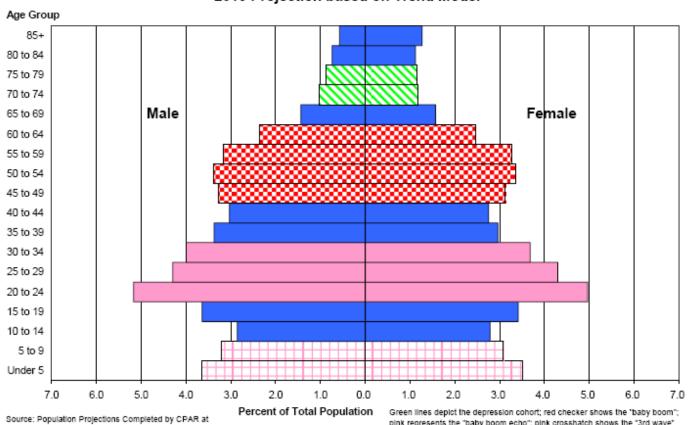
Figure 13: Lancaster County Population by Sex and Five-Year Age Group: 2000 Census



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Population Pyramid, Lancaster County, 2010P

Figure 14: Lancaster County Population by Sex and Five-Year Age Group: 2010 Projection based on Trend Model



pink represents the "baby boom echo"; pink crosshatch shows the "3rd wave"



Projected Population 2010 to 2040 Trend Series

Projected Population	2010	2020	2030	2040
Total Population	286,955	326,864	368,844	412,697
0 to 19	74,969	86,085	94,271	104,459
20 to 64	180,615	193,380	209,274	233,042
65 and older	31,371	47,399	65,299	75,196



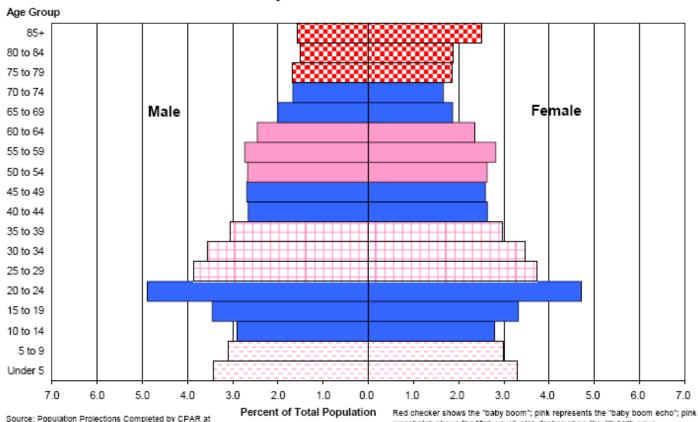
Projected Population Change, 2010 to 2040 Trend Series, by Age Group

Population Projection and Changes	2010	Increase 2010 to 2020	Increase 2020 to 2030	Increase 2030 to 2040
Total Population	286,955	39,909	49,980	43,853
0 to 19	74,969	11,116	8,186	10,188
20 to 64	180,615	12,786	15,894	23,768
65 and older	31,371	16,028	17,900	9,897



Population Pyramid, Lancaster County, 2040P

Figure 17: Lancaster County Population by Sex and Five-Year Age Group: 2040 Projection based on Trend Model

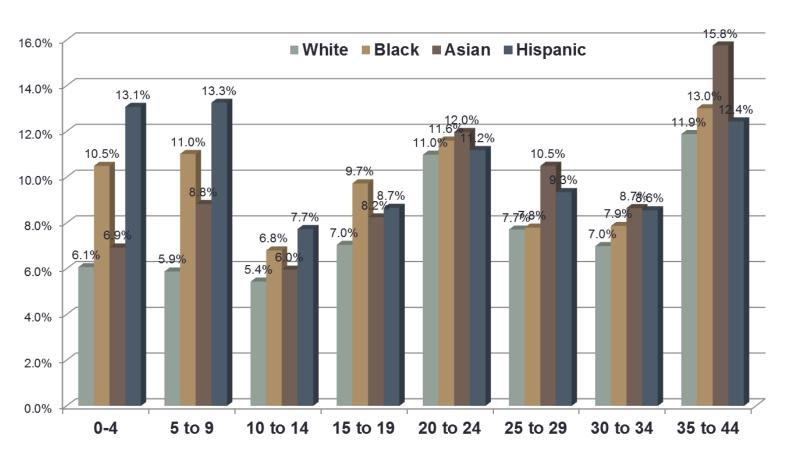


Source: Population Projections Completed by CPAR at

crosshatch shows the "3rd wave"; pink dashes show the 4th birth wave



Percent of Population, by Age Groups and Race/Ethnicity





2013 Population by Race and Ethnicity, Lancaster County

	Total	White	African American	Asian	Native American	Hawaiian / Pacific Islander	Two or More Races
Total	297,036	263,689	11,272	11,467	2,764	29	7,574
Non Hispanic	278,152	247,715	10,621	11,260	1,753	211	6,592
Hispanic	18,884	15,974	651	207	1,011	59	982

2013 Population by Race and Ethnicity, Lancaster County, Alone or In Combination

	Total	Not Hispanic	Hispanic
White	270,825	253,934	16,891
African American	15,453	14,378	1,075
Asian	13,459	13,068	391
Native American	4,897	3,396	1,501
Hawaiian + Pacific Islander	529	419	110

Community Health Status Data – 11 Core Elements

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LLCHD Data Sources





Vitals Data

- LLCHD has a dashboard application with Birth and Death data from 2005 to 2013
- http://lincoln.ne.gov/city/health/data/vitalsta ts/index.htm



AGE CATEGORY, Leading Causes of Death, Lancaster County, 2013

Rank	<10	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
1	Birth Defects (5)	Birth Defects (1)	Suicide (5)	Suicide (5)	Suicide (8)	Cancer (9)	Cancer (22)	Cancer (72)	Cancer (102)	Cancer (125)	Heart Disease (162)
2	Heat Disease (1)	Accidental Deaths (1)	Cancer (2)	Accidental Deaths (4)	Accidental Deaths (6)	Accidental Deaths (7)	Heart Disease (20)	Heart Disease (37)	Heart Disease (41)	Heart Disease (92)	Cancer (85)
3	Influenza (1)			Assault - Homicide (2)	Cancer (3)	Suicide (4)	Chronic Liver Disease & Cirrhosis (8)	Chronic Lung Disease (12)	Chronic Lung Disease (25)	Chronic Lung Disease (58)	CVD (41)
4				CVD (1)	Chronic Liver Disease & Cirrhosis (2)	CVD (3)	Accidental Deaths (7)	Accidental Deaths (10) Diabetes (10)	CVD (12)	CVD (27)	Renal Disease (33)
5					Homicide (1) CVD (1) Heart Disease (1) Chronic Lung Disease (1)	Homicide (2) Heart Disease (2) Diabetes (2)	Suicide (6)	CVD (7)	Diabetes (8)	Alzheimer's disease (20)	Chronic Lung Disease (32)
6						Chronic Lung Disease (1) Birth Defects (1) Renal Disease (1) HIV (1) Septicemia (1)	CVD (5) Chronic Lung Disease (5)	Suicide (5)	Accidental Deaths (6)	Parkinson's disease (18)	Alzheimer's disease (30)



10 Leading Causes of Death, Nebraska

2009 - 2013, All Races, Both Sexes

\Box					Age C	iroups					
Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Congenital Anomalies 188	Unintentional Injury 43	Malignant Neoplasms 20	Unintentional Injury 42	Unintentional Injury 367	Unintentional Injury 341	Unintentional Injury 335	Malignant Neoplasms 1,275	Malignant Neoplasms 2,995	Heart Disease 14,011	Malignant Neoplasms
2	SIDS 89	Malignant Neoplasms 17	Unintentional Injury 19	Malignant Neoplasms 15	Suicide 141	Suicide 152	Malignant Neoplasms 293	Heart Disease 763	Heart Disease 1,451	Malignant Neoplasms 12,373	Heart Disease 16,585
3	Short Gestation 75	Congenital Anomalies 12	Congenital Anomalies 14	Suicide 	Homicide 89	Heart Disease 89	Heart Disease 235	Unintentional Injury 452	Chronic Low. Respiratory Disease 468	Chronic Low. Respiratory Disease 4,506	Chronic Low. Respiratory Disease 5,147
4	Maternal Pregnancy Comp. 55	Homicide 11	Influenza & Pneumonia 	Homicide 	Malignant Neoplasms 49	Malignant Neoplasms 83	Suicide 159	Liver Disease 221	Unintentional Injury 375	Cerebro- vascular 3,711	Cerebro- vascular 4,139
5	Placenta Cord Membranes 32	Heart Disease 	Chronic Low. Respiratory Disease	Congenital Anomalies 	Heart Disease 18	Homicide 81	Homicide 53	Suicide 212	Diabetes Mellitus 298	Alzheimer's Disease 2,823	Unintentional Injury 3,558
6	Unintentional Injury 23	Influenza & Pneumonia 	Six Tied 	Cerebro- vascular 	Congenital Anomalies 12	Influenza & Pneumonia 15	Diabetes Mellitus 49	Chronic Low. Respiratory Disease 142	Cerebro- vascular 241	Diabetes Mellitus 1,765	Alzheimer's Disease 2,862
7	Respiratory Distress 18	Chronic Low. Respiratory Disease 	Six Tied 	Chronic Low. Respiratory Disease	Influenza & Pneumonia 	Congenital Anomalies 14	Liver Disease 48	Diabetes Mellitus 142	Liver Disease 240	Unintentional Injury 1,558	Diabetes Mellitus 2,270
8	Circulatory System Disease 14	Septicemia	Six Tied 	Nephritis 	Complicated Pregnancy 	Diabetes Mellitus 13	Cerebro- vascular 45	Cerebro- vascular 120	Suicide 162	Influenza & Pneumonia 1,313	Influenza & Pneumonia 1,491
9	Three Tied 11	Four Tied 	Six Tied 	Six Tied 	Cerebro- vascular 	Liver Disease 12	HIV 22	Influenza & Pneumonia 45	Septicemia 88	Nephritis 1,087	Nephritis 1,201
10	Three Tied 11	Four Tied 	Six Tied 	Six Tied 	Chronic Low. Respiratory Disease 	Cerebro- vascular 10	Influenza & Pneumonia 18	Viral Hepatitis 45	Nephritis 85	Parkinson's Disease 942	Hypertension 1,021

WISQARSTM Note: For leading cause categories in this State-level chart, counts of less than 10 deaths have been suppressed (--).

Produced By: Office of Statistics and Programming, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System



Age-Adjusted Death Rates, 2013

2013 Age-Adjusted Death Rate per 100,000	Lancaster County	Nebraska
Deaths due to Cancer	<u>146.5</u>	161.3
Deaths due to Lung Cancer		53.7 M, 34.5 F
Deaths due to Prostate Cancer		<u>21.5 M</u>
Deaths due to Breast Cancer		<u>0.3 M, 21.0 F</u>
Deaths due to Heart Disease	<u>127.8</u>	147.7
Deaths due to Coronary Heart Disease		
Deaths due to Unintentional Injuries	<u>22.9</u>	34.8
Deaths due to Motor Vehicle Crashes		12.5
Deaths due to Chronic Lung Disease	<u>48.8</u>	44.3
Deaths due to Cerebrovascular Disease	<u>33.6</u>	36.2
Deaths due to Diabetes	<u>18.7</u>	21.8
Deaths due to Suicide	<u>11.7</u>	11.6
Deaths due to Homicide		4.2

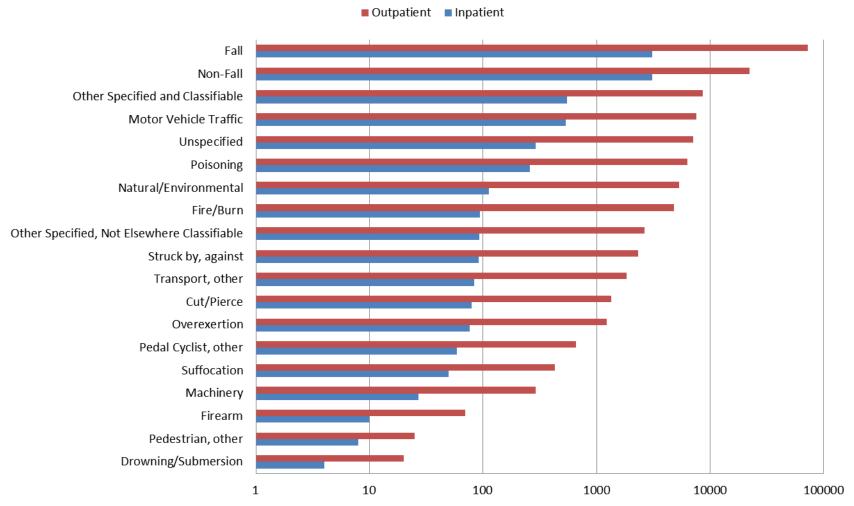


Cancer Registry Data, 2007-2011

2007 to 2011 Deaths Cancer Site	Lancaster County Deaths Per Year	Lancaster Co. Age- Adjusted Death Rate per 100,000	Nebraska Cancer Deaths Per Year	NE Cancer Age- Adjusted Death Rate per 100,000
All Sites	414	157.5	3,408	168.2
Lung & Bronchus	112	43.7	900	45.2
Female Breast	25	16.5	222	19.8
Colon & Rectum	36	13.3	360	17.5
Prostate	23	22.5	187	22.6
Bladder	11	4.4	84	4.1
Non-Hodgkin Lymphoma	19	7.4	138	6.7
Leukemia	19	6.8	139	6.8
Kidney & Renal Pelvis	11	4.1	90	4.4
Melanoma	8	2.9	57	2.9
Uterus	8	5.0	51	4.4

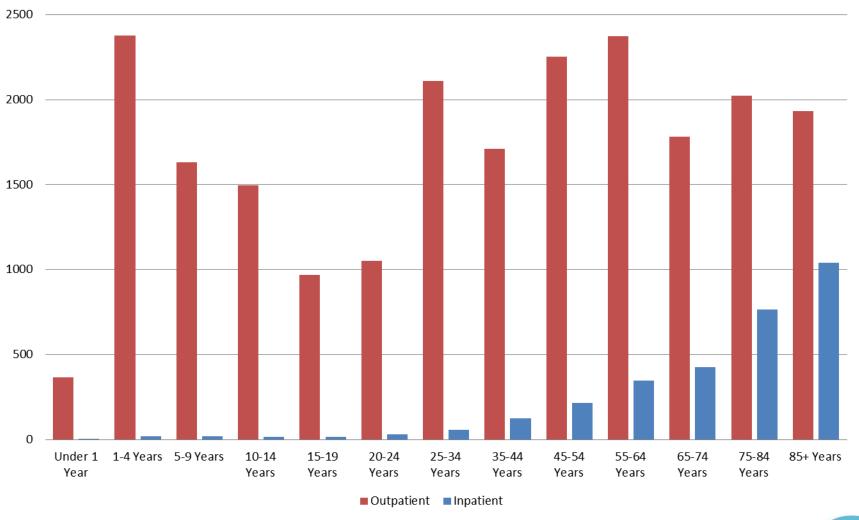


Injury Information from Hospital Discharge Data 01/01/2011 through 12/31/2013





Visits to Hospital due to Falls 01/01/2011 to 12/31/2013





Community Health Status Data – 11 Core Elements

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BRFSS Handout, 2011-2013

- The BRFSS changed it's methodology in 2011 so we no longer compare newer data to 2010 and prior year's BRFSS results.
- We will share a link to comparable Nebraska data on our website.

BRFSS Dashboard

- The CDC made changes to the adult behavioral risk survey (Behavioral Risk Factor Surveillance System or BRFSS) in 2011 so we now have three years of BRFSS data on the LLCHD dashboard:
- http://lincoln.ne.gov/city/health/data/brfss/in dex.htm



YRBS Indicator—2013 Results	LLCHD	NE	U.S.
Alcohol consumption			
Had at least one drink of alcohol in their entire life	54.2	52.1	66.2
Had at least one drink of alcohol in the past 30 days	26.4	22.1	34.9
Tobacco Use			
Smoked cigarettes in the past 30 days	14.9	10.9	15.7
Smoked on school property within the past 30 days	5.5	2.3	3.8
Illegal Drug Use			
Used marijuana in the past 30 days	17.2	11.7	23.4
Used cocaine (lifetime)	4.5	3.2	5.5
Sexual Activity			
Ever had sexual activity	33.9	35.2	46.8
Fighting/Violence			
Engaged in a physical fight in the past year	20.3	20.1	24.7
Electronically bullied in last 12 months	17.6	15.7	14.8
Bullied on school property in the past year	21.7	20.8	19.6
Seriously considered attempting suicide	12.3	12.1	17.0
Attempted suicide in the last 12 months	9.6	6.0	8.0
Driving/Passenger Behavior			
Never or rarely wear a seat belt when riding in a car	8.4	11.9	7.6
Rode in a vehicle in last 30 days driven by someone who had			
been drinking	19.2	21.3	21.9
Drove a vehicle in the past 30 when they had been drinking	8.0	6.3	10.0
Texted or emailed while driving a car or other vehicle	51.5	46.6	41.4
Physical Activity			
Engaged in vigorous physical activity in the past 7 days	46.4	42.4	52.7
(physically active for at least 60 minutes on 5 or more days)	70.7	72.7	32.7
(physically active for at least of minates on 5 or more days)			

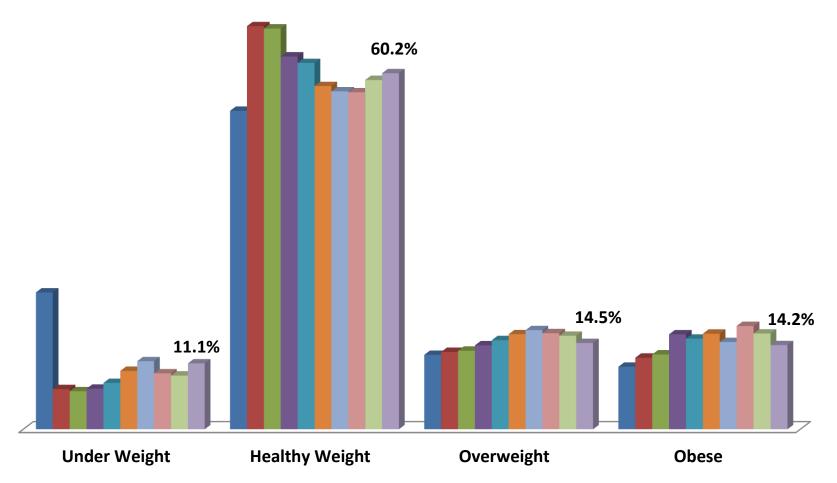


YRBS (Youth Risk Behavior Survey)

- The LLCHD has been collecting data about risk behaviors among youth every other year for the past two decades. The YRBS dashboard has data from 2001 to 2015
- http://lincoln.ne.gov/city/health/data/yrbss/i ndex.htm



LPS Students BMI and Weight Classifications, 2014-2015 Grades Kindergarten to 8th, and Overall (Light Purple)





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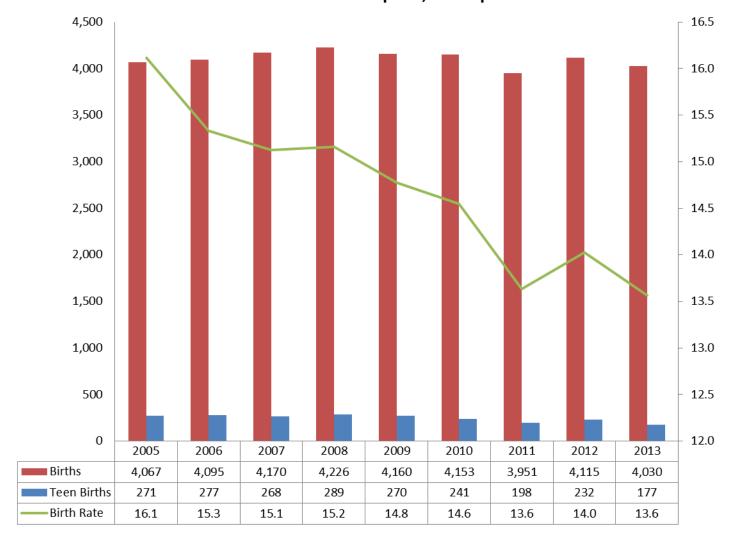
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6. Environmental Health **Indicators**

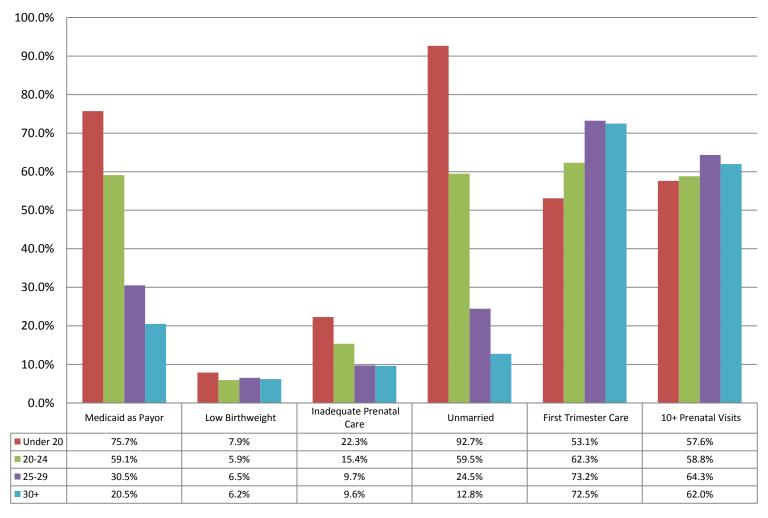


Lancaster County Births & Teen Births 2005 to 2013 with the Overall Birth Rate per 1,000 Population



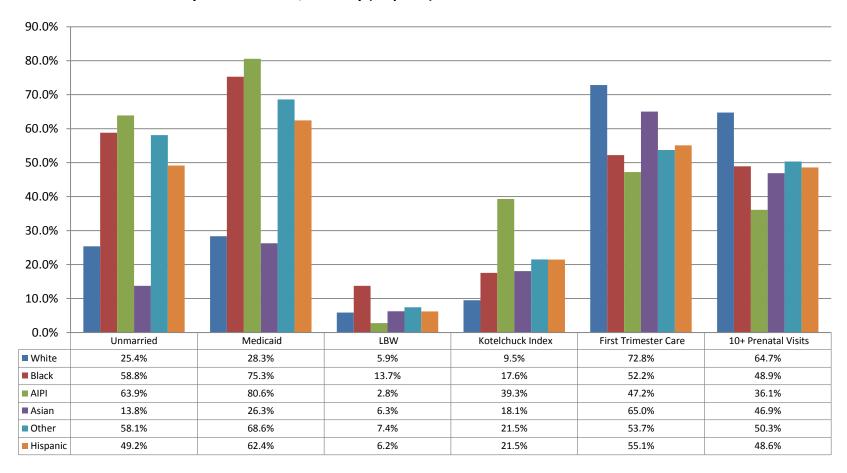


Selected Birth Characteristics, Lancaster County Births, 2013 By Maternal Age



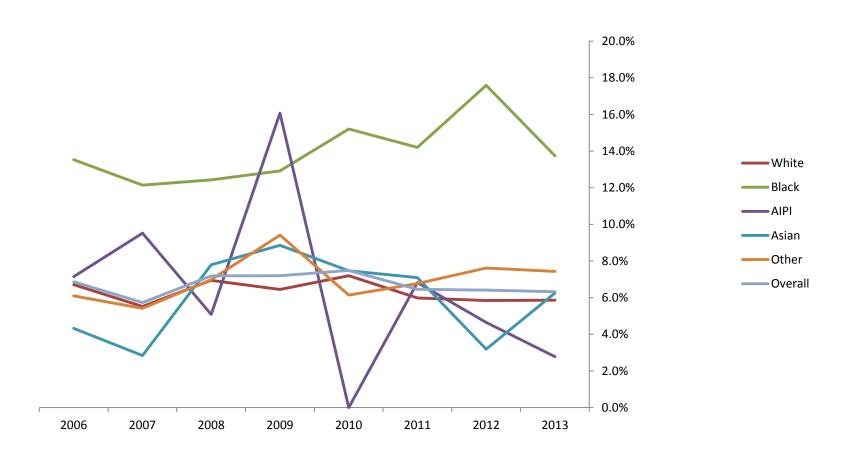


Selected Birth Characteristics, Lancaster County Births, 2013 By Maternal Race/Ethnicity (Hispanic)



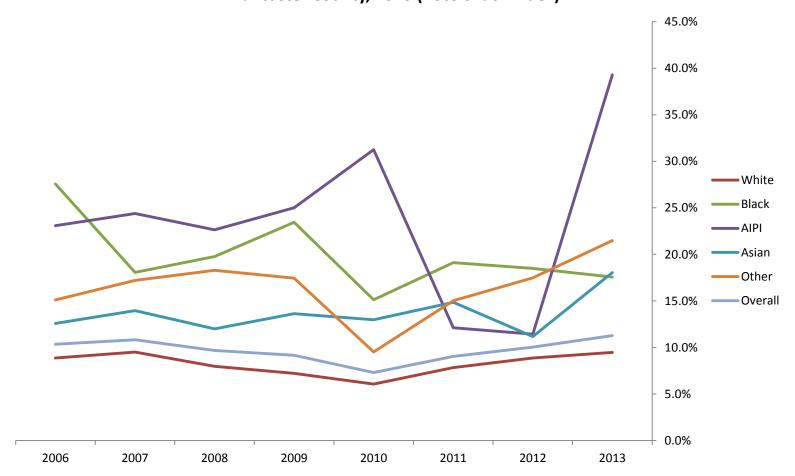


Low Birthweight by Race Lancaster County, 2013





Inadequate Prenatal Care by Race Lancaster County, 2013 (Kotelchuck Index)





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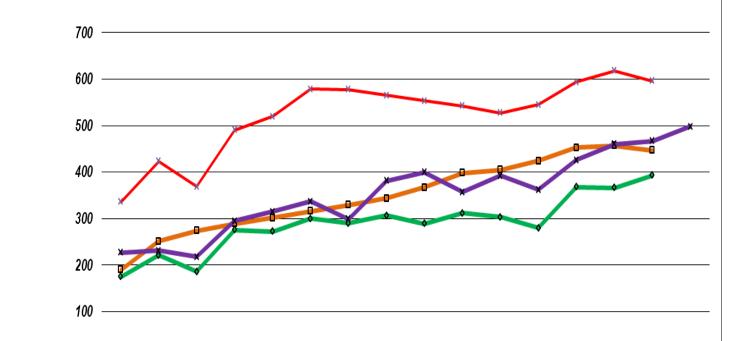
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Chlamydia Rates Per 100,000 Population National / Nebraska / Lancaster County / Douglas County

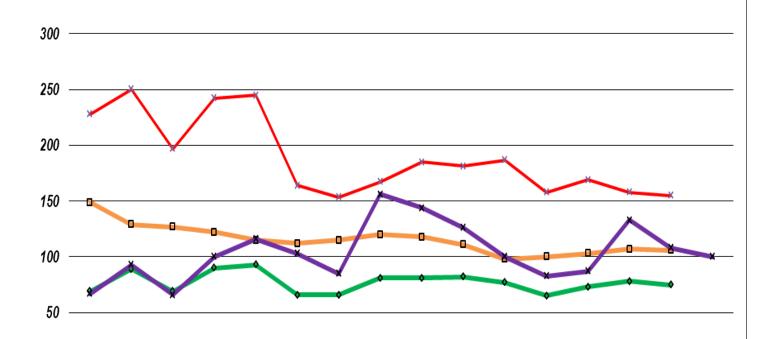


Rate Per 100,000 Population

0	1995	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
National	190	251	274	289	302	316	329	344	367	398	405	424	453	457	447	2011
→Nebraska	175	221	186	276	272	300	290	307	289	312	303	280	368	366	393	
Lancaster County	227	231	218	295	315	337	299	381	400	357	392	362	426	460	467	498
→ Douglas Co.	336	423	369	491	520	579	578	565	554	543	528	545	594	618	596	



Gonorrhea Rates Per 100,000 Population National / Nebraska / Lancaster County / Douglas County



0	1995	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
National	149	129	127	122	115	112	115	120	118	111	98	100	103	107	106	
→Nebraska	69	89	69	90	93	66	66	81	81	82	77	65	73	78	75	
Lancaster County	67	93	66	100	116	103	85	156	144	126	100	83	87	133	108	100
→ Douglas Co.	228	250	197	243	245	164	154	167	185	181	187	158	169	158	155	

Rate Per 100,000 Population



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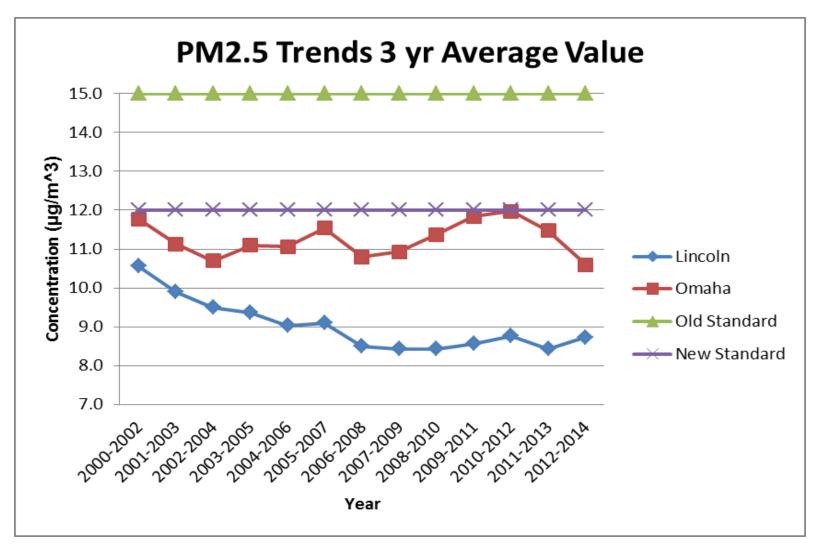
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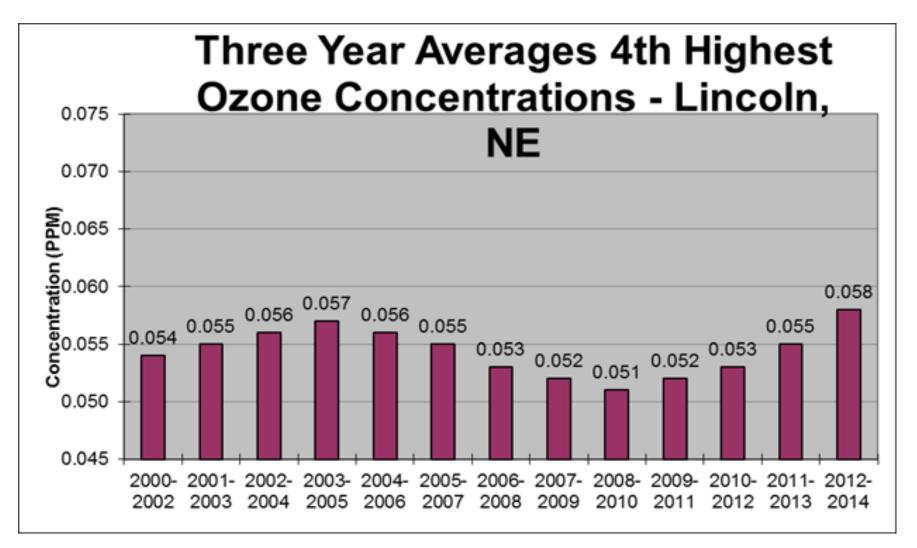
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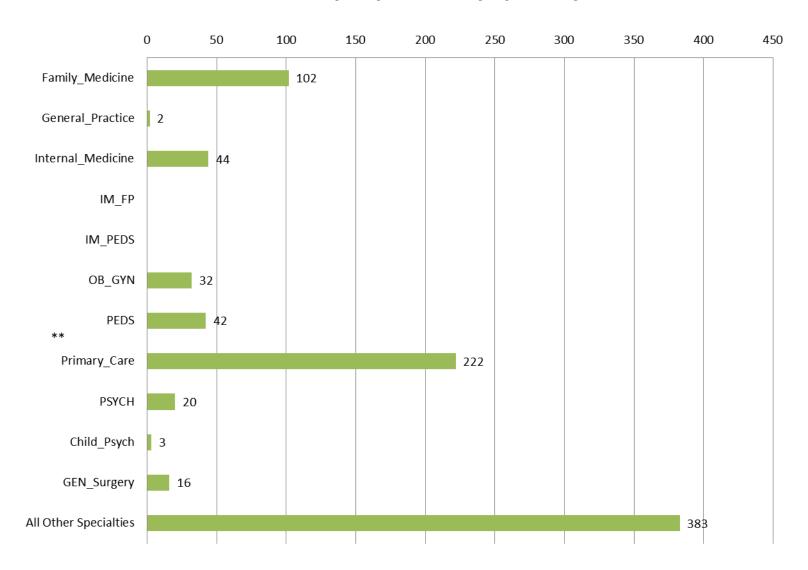
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Lancaster County Physicians, by Specialty, 2013





The World Health Organization's Definition of Social Determinants of Health

"The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries." – World Health Organization (WHO) definition



Social Determinants of Health—Core Data

- early life
- education
- employment and working conditions
- food security
- gender
- health care services

- housing
- income and its distribution
- social safety net
- social exclusion
- unemployment and employment security



Community Health Status Indicators

- On March 10, the CDC launched an updated version of a set of indicators comparing each of the 3000+ counties to counties that they identified as "peer counties."
- There are 22 counties in the peer grouping for Lancaster County.
- http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/NE/Lancaster/



	01101 22 12 2			
	CHSI 2015 Peer Co	ounties for Lancaster Count	ty	
County	State	City(ies)	2013 Pop.	Comment
Madison	Alabama	Huntsville	346,892	
Anchorage	Alaska	Anchorage	300,950	
Matanuska-Susitna	Alaska	Wasilla	95,192	Borough
Benton	Arkansas	Bentonville	237,297	
El Paso	Colorado	Colorado Springs	655,044	
Columbia	Georgia	Augusta	135,416	
Ada	Idaho	Boise	416,464	
Dallas	Iowa	West Des Moines	74,641	
Polk	Iowa	Des Moines	451,677	
Ottawa	Michigan	Holland	272,701	
Sarpy	Nebraska	Bellevue	169,331	
Lancaster	Nebraska	Lincoln	293,407	
Saratoga	New York	Saratoga Springs	223,865	
Wake	North Carolina	Durham& Raleigh	974,289	
Lancaster	Pennsylvania	Lancaster	529,600	
Cumberland	Pennsylvania	Carlisle	235,406	2010 Pop.
York	Pennsylvania	York	438,965	
Utah	Utah	Provo	551,891	
Davis	Utah	Bountiful	322,094	
Weber	Utah	Ogden	238,519	
Dane	Wisconsin	Madison	509,939	
Brown	Wisconsin	Green Bay	254,586	



County Health Rankings

- There has been a ranking of the health of 3,000 or so counties based on a variety of factors for the past five years. See http://www.countyhealthrankings.org/
- We have utilized the data elements and the peer grouping from the CHSI effort and developed a dashboard in test phase:
- http://hdp-23717/CHRankings/rdPage.aspx?rdReport=Defaul t



Summary

 The data we have available show that the health status of Lancaster County residents is fairly good when looking at overall measures. However, the health status of persons with low income, certain age groups and racial and ethnic minorities needs to be improved in order to show improvement as community.



MAPP Timeline/Process

LLCHD MAPP Phase/Description of	2015								
Activity	April	May	June	July	August	Sept			
4 MAPP Assessments					CHIP	CHIP			
Community Themes & Strengths Assessment									
Hold community dialogues and focus groups									
Develop/disseminate/collect community survey									
Conduct interviews with residents/key leaders									
Compile results/identify challenges and opportunities									
Public Health System Assessment									
Prepare to update LPHSA/establish subcommittee									
Respond to performance measures instrument									
Discuss results/identify challenges and opportunities									
Community Health Status Assessment									
Conduct data collection of core indicators									
Select and collect additional indicators as needed									
Forces of Change Assessment									
Prepare for the Forces of Change Assessment									
Hold brainstorming session with committee									
Simplify list/identify threats and opportunities						LING			

Community Themes and Strengths Assessment

- The Community Themes and Strengths Assessment is intended to answer the questions such as:
- What is important in our community?
- How is the quality of life perceived in our community?
- What assets do we have that can be used to improve community health?



Next Steps

- Conduct a Community Themes and Strengths survey to be open to the public through the month of June 2015.
- Gather focus groups to solicit input about their perceptions of the quality of life in Lincoln and Lancaster County.
- Next meeting is June 25, 2015, at the Health Department.